

COCHRAN FELLOWSHIP PROGRAM

2003

(NOTE: PLEASE TYPE IF POSSIBLE)

***** APPLICATION AND ATTACHMENTS MUST BE IN ENGLISH *****

I. PERSONAL INFORMATION

Name: _____
FAMILY NAME, Given Name
(Please capitalize FAMILY NAME.
Name must correspond exactly
to passport or travel documents)

Date of Birth: _____
(Month/Day/Year)

City of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

Home Address:

(# Street)

(Town or City)

II. CURRENT EMPLOYMENT:

(Title or Position)

(Organization/Company)

(# Street)

(Town or City)

(Country and Post Code)

2 Photographs _____
2 Letters of Recommendation _____
Signed Conditions
of Training

MALE _____ FEMALE _____

(Home Telephone)

(Country and Post Code)

From: ____ / ____ / ____ To: Present
(Dates of Employment)

(Work Telephone)

(Fax)

(E-mail)

(For USDA Use Only)

III. PROPOSED PROGRAM:

- A) What technical subjects, topics, courses and/or fields do you want to study?
(It is important to give a detailed description of the training you want.
USDA will use this information to design your training program in the United
States. Continue on back of page.)

- B) U.S. Contacts Already Established: Please list name, address, and telephone number of professionals in your field
in the United States with whom you already have contact. (continue on back of page, if necessary):

Name	Name	Name
Address	Address	Address
Telephone	Telephone	Telephone

- C) Indicate requested training date (s).

	FROM	TO
First Choice	____/____/____	____/____/____
Second Choice	____/____/____	____/____/____

NOTE:

Your first and second choice will be given primary consideration but cannot be
guaranteed due to availability of U.S. contacts and trainers

IV. EMPLOYMENT: (Start with current employment)

A) Dates of Employment

From: / / To: Present

(Organization Name)

(Supervisor's Name)

(Number & Street)

(Supervisor's Telephone)

Title of Position:

(Town or City)

(Organization Telephone)

(Country and Post Code)

Description of your place of employment and your duties and responsibilities:
(Continue on the back of the page if necessary.)

B) Dates of Employment

From: / / To: Present

(Organization Name)

(Supervisor's Name)

(Number & Street)

(Supervisor's Telephone)

Title of Position:

(Town or City)

(Organization Telephone)

(Country and Post Code)

Description of your place of employment and your duties and responsibilities:
(Continue on the back of the page if necessary.)

V. ACADEMIC EDUCATION AND TRAINING EXPERIENCE

A) Academic

Name of Institution	Field of Study	Dates Attended	Degree & Date Completed	Language of Instruction
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B) Training: (List additional training in home country)

Field of Study	Dates	Language/Place of Instruction
_____	_____	_____
_____	_____	_____
_____	_____	_____

C) Additional Training in Other Countries:

Field of Study	Dates	Lang. Of Instruction	Country
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Awards, Honors, Scholarships Received, Publications, Professional Memberships:

VI. LANGUAGES

(Please indicate **ENGLISH** capabilities in first line, additional languages on remaining lines)

	<u>Can Converse</u>		<u>Can Read</u>		<u>Can Write</u>	
	Fluently	Passably	Fluently	Passably	Fluently	Passably
English						

VII. TRAINING BENEFITS:

How will your training be used by your employer when you return from the United States?

VIII. Name and address of person to contact in case of emergency:

(Name)

(Telephone)

(# Street)

(City or Town)

(Country and Post Code)

IX. ATTACHMENTS

Please include with your application the following attachments:

- 1.) 2 passport photographs
- 2.) Signed Conditions of Training.
- 3.) 2 letters of recommendation from 2 supervisors

X. SUPERVISOR'S RECOMMENDATION FOR APPLICANT'S TRAINING:

(Please have your supervisor complete the following questions. Provide an English translation if necessary.)

A) What do you want the applicant to learn while in the United States for training?

B) How will the applicant's training be used by the organization when he/she returns from the United States?

Thank you.

Signature

Title

Date

COCHRAN FELLOWSHIP PROGRAM
CONDITIONS OF TRAINING

Name of Participant _____
(FAMILY NAME, Given name, Other names)

Country _____

If I am accepted to receive technical training under the U.S. Department of Agriculture (USDA) Cochran Fellowship Program, I agree to adhere to my arranged program, to devote my time and attention to my studies and/or practical training, and to conform to Cochran Program regulations and procedures for the duration of my training program. I will not seek extension of the period of my program but will return to my country without delay upon completion of my training acquired under this program. I also agree to conform with all laws of the United States.

Furthermore, I thoroughly understand the following policies of the Cochran Fellowship Program:

I. Dependents:

USDA strongly discourages family members from accompanying or joining a participant while he/she is in training. The Cochran Program is not responsible in any way for family members.

II. Attendance of Participants at Conferences and Meetings

Attendance of participants at national or international conferences, conventions or meetings of professional, trade, or other associations is not permitted unless such attendance is a part of the Cochran participant training program.

III. Conditions for Termination of Training Programs:

USDA reserves the right to terminate the training program of those participants who:

- A. Change the course of study without authorization from the USDA/Cochran Fellowship Program.
- B. Fail to show sufficient interest in or to pursue effectively their training program.
- C. Have severe mental or physical health problems.
- D. Conduct themselves in a manner prejudicial to the program or to the laws of the United States.
- E. Marry during training without securing prior USDA approval.
- F. Have in any way falsified information on the application and/or supporting documents.

IV. Travel:

If selected, the applicant, their institution, or other sponsor assumes financial responsibility for travel to and from Washington, D.C. or their specified arrival/departure site.

V. Financial Support:

The applicant is aware that the financial support provided by the USDA Cochran Program is for training fees, emergency medical insurance, lodging and food only. The daily maintenance allowance is adequate for modest lodging and food. USDA does not fund any expenses related to family members accompanying the participant.

VI. Health and Insurance:

It is a requirement before arrival in the United States that every participant have a physical examination and be determined to be in excellent health. The insurance provided to the participant while in the United States will cover only **EMERGENCY** medical care and **DOES NOT** cover pre-existing conditions, prescriptions, dental or optical work. In addition, the participant must pay the first \$100.00 in medical expenses for each occurrence.

VII. Debts and Obligations:

The participant will be responsible for all debts and financial obligations incurred while in the United States.

Signature below indicates agreement to and understanding of the above conditions.

Applicant's Signature

Date